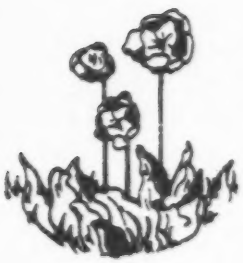
ANNUAL REPORT

FOR THE YEAR ENDED
MARCH 31, 1982



NEWFOUNDLAND

MEDICAL CARE COMMISSION

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DEPARTMENT OF HEALTH

St. John's, December, 1982

TO THE HONOURABLE DR. W. ANTHONY PADDON,
Lieutenant-Governor of Newfoundland and
Labrador.

May it please your Honour:

I have the honour to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1982.

Your obedient servant,

H. WALLACE HOUSE,
Minister of Health.

NEWFOUNDLAND MEDICAL CARE COMMISSION

St. John's, December, 1982

TO THE HONOURABLE H. WALLACE HOUSE,
Minister of Health.

Honourable Sir:

I am pleased to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1982.

Respectfully submitted,

ROGER M. CROSBIE,
Chairman.

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HIGHLIGHTS OF 1981-82 REPORT

- A three-stage fee schedule increase was negotiated with the Newfoundland Medical and Newfoundland Dental Associations with the first stage effective April 1, 1981.

- Volume of services decreased by 2.8% to 2,799,219.

- Payments for insured services totalled $43,129,000, an increase of 15.5%.

- Effective October 01, 1981, one full optometric diagnostic examination by an optometrist per beneficiary per year was included as an insured service under the Newfoundland Medical Care Insurance Plan.

- At year end there were 680 physicians registered with MCP of whom 468 were in private practice.

- MCP and Newfoundland and Labrador Computer Services jointly signed an agreement on December 24, 1981 permitting acquisition by MCP of an in-house mini computer system.

- Administrative expenses increased by 8.9% over the previous year to $1,763,686. However, as a percentage of total program expenditure, these costs decreased by .23% to 3.92%.

THE NEWFOUNDLAND MEDICAL CARE INSURANCE PLAN

The Newfoundland Medical Care Insurance Plan (MCP) provides coverage of medical services for all bona fide residents of the province. The plan is administered by the Newfoundland Medical Care Commission, in accordance with Section 4 of the Newfoundland Medical Care Insurance Act, Chapter 265 of the Revised Statutes of Newfoundland, 1970, and the Commission is responsible to the Minister of Health.

The Medical Care Insurance Fund, authorized under Section 29 of the Act, is funded from money voted by the legislature of Newfoundland. The Commission's fiscal period is April 1 to March 31 and its financial position relative to cost is reported on a full accrual basis.

The legislative framework of the plan is set out in the Medical Care Insurance Act, amendments to that Act and its various regulations. The Commission is appointed by the Lieutenant-Governor in Council.

Medical Care Plan beneficiaries have freedom of choice as to which physician they consult. Physicians may either participate in the plan or opt out. A participating physician invoices MCP in accordance with a negotiated payment schedule. A non-participating physician may bill the patient (beneficiary) directly at rates which may be greater than those listed in the MCP Payment Schedule. MCP then reimburses the patient at payment schedule rates and the patient is responsible for any difference.

Insured services rendered to MCP beneficiaries outside the province are paid at MCP Payment Schedule rates. If the amount billed exceeds the amount payable, payment of the difference becomes the patient's responsibility.

Physicians' services insured under the plan are set out in the Newfoundland Medical Care Insurance (Insured Services) Regulations. These include:

- Visits in the office, hospital or home.
- Care and treatment before, during and after operations, including anaesthesia.
- Complete maternity care.
- Eye examinations performed by a physician.
- Specified surgical-dental procedures medically required to be performed in a hospital.
- One full optometric diagnostic examination per beneficiary per year performed by an optometrist.

At March 31, 1982, non-insured services included:

- Examinations not necessitated by illness or at the request of a third party; e.g. annual check-up, employment medical, pre-school medical, etc.
- The difference between general practice and specialist rates for non-referred visits to a specialist.
- The services of chiropractors, podiatrists, osteopaths, physiotherapists, nurses or other para-medical personnel.
- Plastic or other surgery for cosmetic purposes.
- Advice given by a physician to a beneficiary by telephone.
- Eye glasses, hearing aids, surgical appliances, wheelchairs, crutches, artificial limbs, etc.
- Drugs and vaccines.
- Transportation, mileage charges and ambulance charges.
- Services available to a resident under legislation covering Newfoundland Hospital Insurance, Workers' Compensation, Department of Veterans' Affairs, Royal Canadian Mounted Police and Canadian Armed Forces.

organization

COMMISSION

The Newfoundland Medical Care Commission was established in accordance with Section 4 of the Newfoundland Medical Care Insurance Act, 1968. The Commission, consisting of not less than five voting members, has the mandate of administering the Medical Care Plan for the eligible residents of Newfoundland and Labrador.

Each voting member of the Commission holds office for a term prescribed by the Lieutenant-Governor in Council. Three of the voting members are appointed from a list submitted to the Minister of Health by the Newfoundland Medical Association.

At March 31, 1982 the Commission was comprised as follows:

CHAIRMAN	Roger Crosbie
VICE-CHAIRMAN	Dr. W.D. Parsons
MEMBERS	Dr. H.J. Blackwood
	Mrs. Amy Burden
	William Collins
	James Finn
	Stephen Gallagher
	Mrs. Vera McDonald
	Dr. P.J. Mowbray
	Ronald Smith
	James Walsh
EX-OFFICIO MEMBERS	R. O. Peddigrew Executive Director
	Ambrose Hearn Assistant Deputy Minister of Health

The Commission meets on a monthly basis to deal with a variety of major issues affecting plan operations. Primary responsibilities include policy formulation, review and proposal of amendments to the Act and Regulations, payment schedule negotiations, budgeting and general corpcrate planning.

Many of the Commission's on-going functions are administered by its standing committees. These committees are as follows:

. Medical Advisory Committee - This committee comprised of Newfoundland Medical Association members deals with complex or contentious medical claims. Meetings are held as required to consider and make recommendations on all claims presented. At year end, revised terms of reference were ready for implementation under which the committee would assume an ongoing claims assessment role for the Commission.

. Dental Advisory Committee - This committee of Newfoundland Dental Association members meets with MCP's Medical Director as required to consider assessment of complex claims for dental services, payment review and tariff item development.

. Medical Consultants' Committee - The function of this committee is to review profiles of physicians' practices, elicit explanations of variations in patterns of practice and recommend necessary action to the Commission. The committee is nominated by the Medical Association but is responsible to the Commission.

. Tariff Development Committee - The function of this committee is to monitor the MCP Payment Schedule and to consider changes in items, rates or preamble and make recommendations to the Commission. The Payment Schedule underwent considerable change again this year as a result of these recommendations.

. Joint Liaison Committee - The function of this committee was displaced during the year by reactivation of the Special Committee on Physician Remuneration.

. Special Committee on Physician Remuneration - This committee studied all aspects of physician remuneration and patient participation. Reacting to physician manpower shortages and continuing the efforts of last year, the committee again reviewed and compared physicians' incomes both nationally and provincially to assess the province's ability to attract physician manpower.

As a result of this committee's review and recommendations, a staged increase was approved for the MCP Payment Schedule. The approved MCP Payment Schedule increase is as follows:

Stage I - Effective April 1, 1981, the Payment Schedule was increased by 7% with an additional 2% directed to preamble changes and substantive issues.

Stage II - Effective October 1, 1981, the Payment Schedule was increased by a further 6%.

Stage III - Effective April 1, 1982, a final increase of 7% is to be implemented.

Surgical dental services were also reviewed and the tariff was upgraded in accordance with the stages outlined above.

EXECUTIVE

The Executive Director, Robert O. Peddigrew, is the Chief Executive Officer of the Commission and is responsible for the general direction, supervision and control of the business of the Commission. He reports to the Commission through the Chairman.

The Commission's executive also includes, as Medical Director, Gregory F. Russell, M.D. In addition to his internal role as director of Medical Affairs, the Medical Director acts as chief liaison officer in dealings with the medical, dental and optometric professions.

FINANCE AND ADMINISTRATION DEPARTMENT

The Commission's financial and general administrative operations are conducted by a staff of ten employees under the direction of the Manager of Finance and Administration.

- The financial division's functions include budgeting, accounting and financial reporting. The scheduled monthly financial statements enable the Commission to monitor the costs of medical services and plan administration.

- The administration division's general functions include maintenance of personnel and payroll records This division also provides printing, purchasing, mail and messenger services for MCP.

- During the year the responsibility for Claims Control was transferred to the Finance and Administration Department from the Department of Systems and Management Information.

- Audited financial statements, which form part of this report, detail the results of the Commission's financial operations for the year ended March 31, 1982.

SYSTEMS AND INFORMATION DEPARTMENT

This department develops and maintains computer systems and liaises between MCP's user departments and Newfoundland and Labrador Computer Services. The information segment of this department utilizes computer systems to generate a variety of statistical information used by the Commission.

- An extensive market search was conducted to determine and recommend a computer system to satisfy the data processing requirements of MCP.

- After extensive evaluation of supplier proposals, an IDM System 38 mini computer was recommended and subsequently acquired.

- Statistical services were extended to provide data on out-of-province processing, claims acceptance and rejection by physician, distribution of medical services, and the MCP physicians' payment ledger.

- An MCP Claims Preparation Manual was developed and distributed. This manual provides information to assist the physician and his staff in the completion and submission of medical claims.

CLAIMS PROCESSING DEPARTMENT

This department consists of four divisions, including Public Services, Claims Edit, In-Province Claims Assessing and Out-of-Province Claims Assessing.

- An effort was made this year to step up public relations activities. This involved the setting up of mobile information booths and the placing of information advertisements in local newspapers.

Public response to this service was quite positive as indicated by the receipt of almost 3,000 MCP card requests and registration updates.

- In preparation for the commencement of limited coverage of optometric services, the Public Services Division prepared an Information Booklet for participating optometrists and provided direct claim completion instruction.

- Two separate project teams were formed in the department to assist the Systems and Information Department in planning and developing the proposed new computer system.

- The Patient History Assessment Program and the Physician and Fee Assessment Program were both analyzed and updated in order to concur with Payment Schedule changes to be effective April 1, 1982.

MEDICAL AFFAIRS DEPARTMENT

This department is responsible for all matters relating to MCP Payment Schedule development and revision.

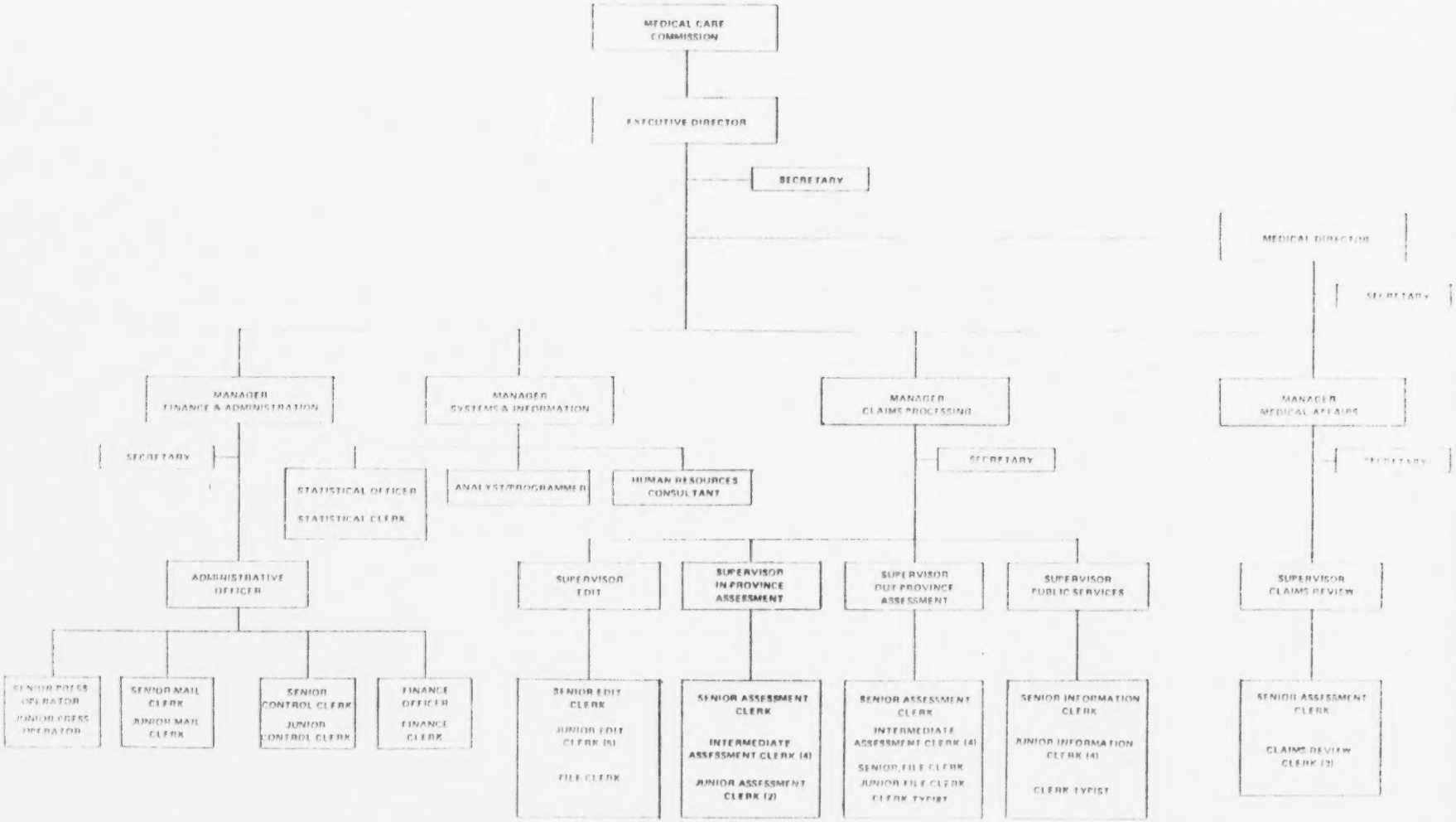
Other major functions include operation of the Commission's medical audit program, assessment of complex or contentious claims and liaison with physicians and their office staffs on matters of policy and procedure.

- In conjunction with the Newfoundland Medical and Dental Associations, a new Payment Schedule was prepared to be effective April 1, 1982.

- The Claims Review Division continued to review claimed physicians' services. No purposeful mis-billings were detected, but the following savings were realized: - claims properly payable under Workers' Compensation $31,202.36, claims properly payable under Third Party Liability $34,564.48, and services incorrectly billed $12,774.09.

- Resulting from the request of the Auditor General a new system was developed for requesting service verification. The aim was to obtain total response to medical audits.

- A random review was made of out-of-province payments to ensure completeness of documentation and correctness of payment of out-of-province claims.


MEDICAL CARE COMMISSION
EXECUTIVE DIRECTOR
SECRETARY
MEDICAL DIRECTOR
SECRETARY
MANAGER FINANCE & ADMINISTRATION
MANAGER SYSTEMS & INFORMATION
MANAGER CLAIMS PROCESSING
MANAGER MEDICAL AFFAIRS
SECRETARY
STATISTICAL OFFICER
STATISTICAL CLERK
ANALYST/PROGRAMMER
HUMAN RESOURCES CONSULTANT
SECRETARY
SECRETARY
ADMINISTRATIVE OFFICER
SUPERVISOR EDIT
SUPERVISOR IN-PROVINCE ASSESSMENT
SUPERVISOR OUT-PROVINCE ASSESSMENT
SUPERVISOR PUBLIC SERVICES
SUPERVISOR CLAIMS REVIEW
SENIOR PRESS OPERATOR
JUNIOR PRESS OPERATOR
SENIOR MAIL CLERK
JUNIOR MAIL CLERK
SENIOR CONTROL CLERK
JUNIOR CONTROL CLERK
FINANCE OFFICER
FINANCE CLERK
SENIOR EDIT CLERK
JUNIOR EDIT CLERK (5)
FILE CLERK
SENIOR ASSESSMENT CLERK
INTERMEDIATE ASSESSMENT CLERK (4)
JUNIOR ASSESSMENT CLERK (2)
SENIOR ASSESSMENT CLERK
INTERMEDIATE ASSESSMENT CLERK (4)
SENIOR FILE CLERK
JUNIOR FILE CLERK
CLERK TYPIST
SENIOR INFORMATION CLERK
JUNIOR INFORMATION CLERK (4)
CLERK TYPIST
SENIOR ASSESSMENT CLERK
CLAIMS REVIEW CLERK (3)

CLAIMS PROCESSING

Claim forms designed to meet Optical Character Reader (OCR) standards are provided by the Commission to both opted-in and opted-out physicians. Services are hand-coded by the physician in accordance with instructions provided at the time of registration. Periodic follow-up training is also conducted.

The claim form is designed so that the physician may provide information about himself, the patient and the service(s) rendered to allow a thorough computer assessment of the items claimed.

Claims are received, counted, date stamped and batched for daily processing.

The claims are forwarded three times per week to the computer centre, where they are optically scanned and edited. Approximately 14% of the 41,000 documents processed each week are rejected for failure of edit rules. In the system, more than 65 edit checks are applied. Of the more than one hundred million characters of hand-coded data which are read by the optical character reader each year, less than 1% reject because of poor figure formation.

Approximately 85% of all rejected claims are corrected by MCP staff, while the remainder are returned to physicians for further clarification or correction.

Those claim forms which comply with the edit rules are sequentially numbered by the optical reader for future reference and returned to MCP for microfilming.

Magnetic tapes containing the accepted claim information then become input to a daily assessment program. This program performs a series of tests (32 rules) on the physician and fee claimed.

Claim items which fail physician and fee assessment are printed on turnaround documents. These documents provide all the information contained on the original claim forms including the reference number. Turnaround documents are then assigned to junior assessment clerks, who either correct the items which failed and re-enter the turnaround documents or return the original claims to the physician with an explanatory letter.

The items which pass physician and fee assessment are stored for a further assessment of patient history on a weekly basis. Again, items which fail at this point generate turnaround documents for review by assessors. There are more than seventy criteria checks applied at the patient history stage.

Claim items which satisfy all criteria of the weekly patient assessment program are stored until month end, at which time weekly tapes are used to generate physician and patient cheques.

The flow of all data is controlled and recorded by the Control section

Original source documents and recent turnaround documents are kept on file for three months while copies of older claim forms, turnaround documents and adjustment forms are available from microfilm.

MASTERFILE MAINTENANCE

The major portion of the masterfile maintenance system is devoted to updating both the patient master and patient history files. These files contain information which permits determination of eligibility and accurate assessment of claims.

Beneficiary registration, change of address, etc., and lost card request forms are received by the Public Services office on a daily basis. Each week information contained on the forms is forwarded, via a computer terminal, to Newfoundland and Labrador Computer Services where the beneficiary master and history files are updated.

STATISTICS

The MCP statistics system generates statistical reports and summary files on a recurring monthly, quarterly and annual basis.

The source of data for these reports and files is the claims payment file.

Special one time requirements are met by manual manipulation and summary of the required information or by special one-time computer programs.

All statistical files and reports produced are subject to control procedures which balance statistical reports against claims processing system controls to assure the accuracy of all reports generated.

DEPARTMENT OF THE AUDITOR GENERAL
ST. JOHN'S, NEWFOUNDLAND

AUDITOR'S REPORT

To the Chairman and Members,
The Newfoundland Medical Care
Commission,
St. John's, Newfoundland.

I have examined the balance sheet of the Newfoundland Medical Care Commission as at 31 March 1982 and the statement of revenue and expenditure for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1982 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

J. F. MCGRATH, C.A.,
Auditor General

St. John's, Newfoundland
13 May 1982

NEWFOUNDLAND MEDICAL CARE COMMISSION
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31 MARCH 1982

Balance Sheet	Statement 1
Statement of Revenue and Expenditure	Statement 2
Schedule of Administrative Expenditure	Schedule 1

STATEMENT 1

NEWFOUNDLAND MEDICAL CARE COMMISSION

BALANCE SHEET

31 MARCH 1982

	1982	1981
ASSETS		
Cash	$ 200	$ 200
Accounts receivable -		
Province of Newfoundland (Note 1 (a))	6,130,717	6,133,529
Third party liability recovery	-	3,180
Prepaid expense	46,839	31,657
Total assets	$6,177,756	$6,168,566
LIABILITIES		
Bank overdraft	$ 157,442	$1,187,034
Accounts payable and accrued liabilities	101,675	151,152
Liability for presented and processed claims (Note 1 (b))	3,702,738	3,374,473
Estimated liability for unpresented and unprocessed claims (Note 1 (b))	2,215,901	1,455,907
Total liabilities	$6,177,756	$6,168,566

See accompanying notes

Signed on behalf of the Commission

R.M. CROSBIE
Chairman

R.O. PEDDIGREW
Executive Director

STATEMENT 2

NEWFOUNDLAND MEDICAL CARE COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 1982

	1982	1981
Revenue:		
Contributions - Province of Newfoundland	$44,843,188	$38,911,490
Third party recoveries	34,866	30,749
Miscellaneous	14,755	10,537
	49,621	41,286
Total revenue	$44,892,809	$38,952,776
Expenditure:		
Cost of insured services -		
Physicians -		
Fee for service (opted-in)	$40,123,265	$35,181,942
Fee for service (opted-out) and out-of-province	875,972	747,588
Dental surgery	501,026	478,551
Sessional payments	1,013,113	910,440
Incentive fund	57,680	-
Payments in lieu of fee for service	15,000	15,000
Optometry	543,067	-
	43,129,123	37,333,521
Administrative expenditure (Schedule 1)	1,763,686	1,619,255
Total expenditure	$44,892,809	$38,952,776

See accompanying notes

SCHEDULE 1

NEWFOUNDLAND MEDICAL CARE COMMISSION

SCHEDULE OF ADMINISTRATIVE EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 1982

	1982	1981
Computer costs		
Claims processing	$ 339,961	$ 342,111
Redevelopment	36,351	26,782
	376,312	368,893
Salaries	1,045,302	901,407
Commission fees	12,997	12,436
Office supplies	78,086	75,526
Microfilming	5,449	3,673
Postage and telephone	50,079	46,822
Electricity	3,613	3,507
Interest and bank charges	7,914	5,341
Furniture and equipment	13,566	39,434
Office rental	116,303	114,948
Equipment rental	1,371	9,103
Leasehold improvements	4,348	1,745
Travelling	22,900	13,369
Cleaning	7,123	6,629
Miscellaneous	18,323	16,422
Total administrative expenditure	$1,763,686	$1,619,255

See accompanying notes

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 1982

1. Significant accounting policies

(a) In accordance with section 29 of the Newfoundland Medical Care Insurance Act, the Province of Newfoundland is responsible for the funding of expenditures incurred by the Commission in the carrying out of its powers, functions, and duties. Accordingly, an account receivable from the Province has been recorded representing the balance of funds owing by the Province to the Commission at 31 March 1982.

(b) The Commission recognizes liabilities for insured services rendered prior to 31 March 1982. These liabilities consist of the following:

(i) Claims presented but not paid - $3,702,738;

(ii) An estimate of $2,215,901 for unpresented and unpaid claims.

(c) The Commission follows the practice of expensing fixed assets in the year of acquisition. The total of the fixed assets acquired and under control of the Commission to 31 March 1982 is $154,346 (1981 - $140,780).

2. Comparative figures

The 1981 comparative figures have been restated to conform with the current year's presentation.

STATISTICAL TABLES

DISTRIBUTION OF PAYMENTS BY TYPE OF PAYMENT BY SPECIALTY 1981-82
(BY DATE OF PAYMENT)

TABLE 1

Specialty	Physicians* Dentists & Optometrists	Fee-For Service Payments	Sessional Payments	Total	% Total Payments
General Practice	284	$20,284,973	$ 535,507	$ 20,820,480	49.6
Anaesthesia	28	1,687,398	58,357	1,745,755	4.2
Dermatology	2	93,015	-	93,015	.2
General Surgery	37	3,242,019	63,091	3,305,110	7.8
Plastic Surgery	2	392,670	-	392,670	.9
Neurosurgery	3	283,119	-	283,119	.7
Internal Medicine	60	3,924,337	20,850	3,945,187	9.4
Neurology	6	291,235	18,336	309,571	.7
Obstetrics & Gynaecology	19	2,048,442	-	2,048,442	4.9
Ophthalmology	15	808,800	43,949	852,749	2.0
Orthopaedic Surgery	11	1,096,991	37,609	1,134,600	2.8
Otolaryngology	6	828,168	-	828,168	2.0
Paediatrics	29	1,465,229	51,442	1,516,671	3.6
Psychiatry	24	2,300,621	63,201	2,363,822	5.6
Urology	8	728,092	6,594	734,686	1.7
Physical Medicine	1	**	-	**	0.1
TOTAL PHYSICIANS	535	$39,475,109	$ 898,936	$40,374,045	96.2
Dental Surgery	65	500,092	-	500,092	1.2
Optometrists	25	427,497	-	427,497	1.0
Out of Province	-	682,941	-	682,941	1.6
TOTALS	625	$41,085,639	$ 898,936	$41,984,575	

* All physicians, dentists and optometrists who received an MCP payment during the fiscal year (including locums).

** Single physician specialty.

ITEMS OF SERVICE BY SPECIALTY BY TYPE OF SERVICE 1981-82
(BY DATE OF SERVICE)

TABLE 2

Specialty	Consultations & Assessments	Office Visits	Home Visits	Hospital Visits	Diagnostic Therapeutic Procedures	Obstetrics	General Surgery	Time* Units	Dental Surgery	Totals	% of Total
General Practice	108,399	1,334,156	93,773	230,613	61,504	10,694	28,163	41,516	1,042	1,909,860	66.6
Anaesthesia	371	-	-	240	5,157	2,251	20,705	116,689	2,655	148,068	5.2
Dermatology	2,187	731	-	1,426	425	-	800	-	-	5,569	.2
General Surgery	24,226	6,532	782	29,656	632	37	19,087	3,181	22	84,155	2.9
Internal Medicine	35,510	9,898	161	103,730	38,269	-	5,153	-	-	192,721	6.7
Neurology	4,739	6	2	5,644	1	-	-	-	-	10,392	.4
Neurosurgery	2,835	195	-	4,171	13	-	537	230	-	7,981	.3
Obs./Gynaecology	18,987	13,994	1	12,584	147	7,591	7,773	361	-	61,438	2.1
Ophthalmology	21,243	6,500	1	1,462	198	-	1,094	-	-	30,498	1.1
Orthopaedic Surgery	17,538	4,455	3	16,527	730	-	4,896	12	-	44,161	1.5
Otolaryngology	14,294	7,579	3	1,841	5,825	-	5,855	16	4	35,417	1.2
Paediatrics	19,658	10,527	309	29,747	59,050	-	323	-	-	119,014	4.1
Physical Medicine	257	61	-	2,729	1	-	-	-	-	3,048	.1
Plastic Surgery	3,026	454	-	3,210	4	-	2,403	-	95	9,192	.3
Psychiatry	11,354	42,460	281	59,988	2,370	-	-	-	-	116,453	4.1
Urology	8,960	1,431	1	5,495	574	-	5,334	193	-	21,988	.8
Dental Surgery	-	-	-	-	-	-	3	6	39,788	39,797	1.4
Optometrists	29,479	-	-	-	-	-	-	-	-	29,479	1.0
TOTALS	322,463	1,438,979	95,317	509,063	174,900	20,573	102,126	162,204	43,606	2,869,231	
% OF TOTALS	11.2	50.2	3.3	17.7	6.1	.7	3.6	5.7	1.5		

* Units of fifteen minutes spent in anaesthesia and surgical assistance.

AVERAGE GROSS PAYMENTS TO FEE-FOR-SERVICE PHYSICIANS 1981-82 TABLE 3

	FULL TIME[1]		ACTIVE[2]		$20,000 PLUS[3]		ALL PHYSICIANS[4]	
GENERAL PRACTICE	(167)	$106,611	(203)	$97,886	(218)	$94,114	(284)	$73,312
St. John's	(67)	96,507	(74)	92,433	(81)	86,916	(110)	65,440
Corner Brook	(18)	104,646	(20)	99,157	(20)	99,157	(21)	94,975
Grand Falls	(11)	116,318	(11)	116,318	(11)	116,318	(14)	91,427
Carbonear	(7)	114,470	(9)	103,601	(9)	103,601	(9)	103,601
Labrador	(3)	114,454	(6)	74,917	(7)	72,153	(11)	48,724
Gander	(9)	105,563	(12)	97,666	(13)	92,044	(19)	64,309
Other Districts	(52)	116,928	(71)	101,609	(77)	98,440	(100)	76,573
ANAESTHESIA	(9)	99,465	(22)	75,040	(22)	77,170	(28)	62,348
Certified	(3)	115,997	(14)	66,761	(14)	70,108	(20)	51,476
Non-Certified	(6)	91,199	(8)	89,528	(8)	89,528	(8)	89,528
MEDICAL SPECIALISTS	(44)	117,831	(89)	87,719	(98)	82,433	(122)	67,627
Dermatology	(1)	*	(1)	*	(1)	*	(2)	46,507
Internal Medicine	(21)	107,700	(47)	78,990	(52)	74,673	(60)	65,753
Physical Medicine	(0)	-	(1)	*	(1)	*	(1)	*
Neurology	(2)	114,579	(3)	89,662	(4)	72,440	(6)	51,595
Paediatrics	(10)	102,811	(17)	83,741	(18)	80,672	(29)	52,296
Psychiatry	(10)	157,915	(20)	114,658	(22)	106,585	(24)	98,493
SURGICAL SPECIALISTS	(48)	146,776	(70)	128,588	(80)	118,058	(101)	94,847
Surgery - Plastic	(2)	196,335	(2)	196,335	(2)	196,335	(2)	196,335
- Neuro	(2)	141,133	(2)	141,133	(2)	141,133	(3)	94,373
- General	(17)	132,046	(26)	115,675	(30)	108,007	(37)	89,327
Obstetrics & Gynaecology	(9)	165,371	(14)	140,009	(17)	120,496	(19)	107,813
Ophthalmology	(3)	131,019	(6)	125,315	(8)	101,098	(15)	56,850
Otolaryngology	(4)	206,095	(4)	206,095	(4)	206,095	(6)	138,028
Orthopaedic Surgery	(6)	137,385	(10)	112,396	(9)	123,693	(11)	103,145
Urology	(5)	119,094	(6)	109,717	(8)	91,836	(8)	91,836
ALL SPECIALISTS	(101)	129,950	(181)	101,984	(200)	96,104	(251)	77,991
ALL PHYSICIANS	(268)	115,407	(384)	99,817	(418)	95,066	(535)	75,507

1. All physicians who received a minimum of eleven regular monthly payments, totalling more than $20,000, excluding full-time at Memorial University. A regular monthly payment indicates a payment greater than half of the average payment for the fiscal year.

2. All physicians who received a minimum of $5,000 in the fourth fiscal quarter.

3. All physicians who received more than $20,000.

4. All physicians whose major form of payment was through fee-for-service.

( ) Denotes numbers of physicians * Single physician specialty

Latest federal statistics (1979) indicate that 33% of the above amounts were consumed by physicians' overheads.

LEVEL OF GROSS PAYMENTS TO FULL-TIME FEE-FOR-SERVICE PHYSICIANS BY SPECIALTY 1981-82 TABLE 4

	$20,001-50,000	50,001-75,000	75,001-100,000	100,001-125,000	125,001-150,000	150,001-175,000	175,001-200,000	200,001-225,000	225,001 Over	Totals
Anaesthesia	-	1	4	2	2	-	-	-	-	9
Dermatology	-	-	-	-	-	-	-	-	-	1
Surgery - General	1	-	3	3	4	4	1	-	1	17
- Plastic	-	-	-	-	1	-	-	-	1	2
- Neuro	-	-	-	-	2	-	-	-	-	2
Internal Medicine	-	-	8	9	2	2	-	-	-	21
Neurology	-	1	-	-	-	1	-	-	-	2
Obstet. & Gynae.	-	-	-	-	5	2	-	1	1	9
Ophthalmology	-	-	-	1	2	-	-	-	-	3
Otolaryngology	-	-	-	1	-	-	-	1	2	4
Orthopaedic Surgery	-	-	-	3	2	-	1	-	-	6
Paediatrics	-	2	5	1	1	-	1	-	-	10
Psychiatry	1	-	-	1	2	3	1	2	-	10
Urology	-	-	2	1	1	1	-	-	-	5
Sub-Totals	2	4	22	22	24	13	4	4	5	101
General Practice	9	18	38	62	26	13	1	-	-	167
Totals	11	22	60	84	50	26	5	4	5	268
% of Totals	4.1	8.2	22.5	31.5	18.4	9.7	1.9	2.0	1.6	

PHYSICIANS, DENTISTS AND OPTOMETRISTS REGISTERED WITH MCP BY MEDICAL AREA BY ACTIVITY STATUS
AS OF MARCH 31, 1982

TABLE 5

MEDICAL AREA	PRIVATE PRACTICE	SALARIED	RADIOLOGY	PATHOLOGY	ADMIN.	TOTAL PHYSICIANS	DENTISTS	OPTOMETRISTS
Baie Verte	-	9	1	-	-	10	4	-
Bell Island	1	2	-	-	-	3	1	-
Bonavista	1	7	-	-	-	8	3	-
Bonne Bay	-	3	-	-	-	3	-	-
Botwood	-	4	-	-	-	4	-	-
Brookfield	-	5	-	-	-	5	2	-
Buchans	-	1	-	-	-	1	-	-
Burgeo	-	3	-	-	-	3	1	-
Burin Peninsula	5	9	-	-	-	14	3	1
Carbonear	24	1	1	-	-	26	5	1
Clarenville	9	-	-	-	-	9	2	2
Come By Chance	2	3	-	-	-	5	-	-
Conception Bay South	12	-	-	-	-	12	1	1
Corner Brook	44	4	3	1	1	53	10	4
Deer Lake	4	1	-	-	-	5	-	-
Fogo	-	2	-	-	-	2	-	-
Gander	16	13	-	1	-	30	4	1
Grand Falls	29	2	2	-	-	33	6	2
Harbour Breton	-	6	-	-	-	6	1	-
Labrador West	10	-	-	-	-	10	3	-
Labrador East	2	12	-	-	-	14	-	-
Markland	2	5	-	-	-	7	4	-
Musgravetown	2	-	-	-	-	2	-	-
Old Perlican	-	3	-	-	-	3	-	-
Placentia	2	3	-	-	-	5	1	-
Port aux Basques	3	4	-	-	-	7	2	1
Southern Shore	3	-	-	-	-	3	1	-
Springdale	4	3	-	-	-	7	2	1
St. Anthony	1	22	-	1	-	24	1	1
Stephenville	8	9	-	-	-	17	3	1
St. John's	277	29	11	5	16	338	35	10
Torbay-Portugal Cove	4	-	-	-	-	4	-	-
Twillingate	3	4	-	-	-	7	1	-
TOTALS	468	169	18	8	17	680	96	26

PHYSICIANS, DENTISTS AND OPTOMETRISTS REGISTERED WITH MCP BY SPECIALTY BY ACTIVITY STATUS
AS OF MARCH 31, 1982

TABLE 6

	PRIVATE PRACTICE	RETIRED	SEMI-RETIRED	SALARIED PRACTICE	ADMINISTRATION	FULL-TIME TEACHING	TOTAL
General Practice	231	1	1	154	11	8	406
Anaesthesia (Certified)	7	-	-	-	-	8	15
Anaesthesia (Non-Certified)	9	-	-	-	-	-	9
Dermatology	2	-	-	-	-	-	2
General Surgery	28	3	1	4	1	8	45
Internal Medicine	33	-	-	2	3	21	59
Neurology	2	-	-	-	-	3	5
Neurosurgery	2	-	-	-	-	-	2
Obstetrics & Gynaecology	13	-	-	-	-	3	16
Ophthalmology	9	-	-	-	-	-	9
Orthopaedic Surgery	9	-	-	1	-	1	11
Otolaryngology	7	-	-	1	-	-	8
Paediatrics	16	-	-	3	-	11	30
Physical Medicine	-	-	-	-	-	1	1
Plastic Surgery	2	-	-	-	-	-	2
Psychiatry	13	-	-	4	2	8	27
Urology	6	-	-	-	-	1	7
SUB TOTAL	389*	4*	2*	169	17	73*	654
Dentistry	89	-	-	6	-	-	95
Oral Surgery	1	-	-	-	-	-	1
Pathology	-	-	-	4	-	-	4
Pathology (Non-Certified)	-	-	-	4	-	-	4
Radiology	-	-	-	13	-	-	13
Radiology (Non-Certified)	-	-	-	5	-	-	5
Optometry	25	-	-	1	-	-	26
TOTAL	504	4	2	202	17	73	802

* Total of these figures = Private Practice in Table 5

Note - Table excludes locums and residents who may be registered

FEE-FOR-SERVICE PATIENT SERVICE LEVELS 1981-82

TABLE 7

Level of Services Per Patient	Number of Patients	% of Total Patients
1-5	244,319	64.4
6-10	76,909	20.3
11-15	31,484	8.3
16-19	12,486	3.3
20+	14,219	3.7
	379,417	

Number of Physicians Seen		1	2	3	4-6	7-10	11-14	15+	Total	%
Services Per Patient										
20-24	Patients	177	495	795	2,671	1,176	65	2	5,381	1.42
	Services	3,857	10,757	17,356	58,643	25,890	1,456	45	118,004	
25-29	Patients	79	246	429	1,725	958	111	6	3,554	.94
	Services	2,105	6,521	11,463	46,147	25,796	3,009	164	95,205	
30-34	Patients	37	117	175	809	666	109	12	1,925	.51
	Services	1,183	3,700	5,528	25,644	21,147	3,478	390	61,070	
35-39	Patients	20	48	79	442	440	113	13	1,155	.30
	Services	740	1,762	2,887	16,220	16,229	4,173	480	42,491	
40-44	Patients	19	28	50	217	304	90	17	725	.19
	Services	790	1,169	2,101	9,077	12,688	3,768	722	30,315	
45-49	Patients	6	20	34	108	175	62	19	424	.11
	Services	285	937	1,591	5,046	8,194	2,904	903	19,860	
50+	Patients	9	25	67	240	347	232	135	1,055	.28
	Services	508	1,663	4,874	17,577	23,894	16,503	11,016	76,035	
TOTAL	Patients	347	979	1,629	6,212	4,066	782	204	14,219	3.74
	Services	9,468	26,509	45,800	178,354	133,838	35,291	13,720	442,980	

Note: Total number of services rendered at all levels = 2,869,231

TABLE 8

CLAIMS PROCESSING RESULTS
(BY DATE OF PROCESSING)
1981-82

CLAIMS (IN-PROVINCE)	
Received from physicians	2,161,349
% Increase over previous year	0.6%
Returned to physicians	46,963
Items of service paid	2,799,219
% Decrease from previous year	(2.8%)
Rejected claims -	
Edit	14.8%
Medical Assessment	3.6%
CLAIMS AND ENQUIRIES (OUT OF PROVINCE)	
Claims paid	17,685
% Increase over previous year	10.3%
Enquiries and non-payable claims	14,422
% Decrease from previous year	(5.7%)
PATIENT REGISTRATION	
New registrations	21,374
Registration updates	44,175
Card replacements	13,686

TABLE 9

SUMMARY OF COSTS
1981-82

Year	Fee-For-Service Costs	Administrative Costs	Total (Cols.1&2)	Payments to Salaried Physicians	Total
1969-70	$ 8,595,700	$ 971,800	$ 9,567,500	$ 3,667,100	$ 13,234,600
1970-71	11,333,700	772,700	12,106,400	3,635,900	15,742,300
1971-72	11,667,000	812,500	12,479,500	4,096,000	16,575,500
1972-73	13,285,500	938,300	14,223,800	4,301,300	18,525,100
1973-74	15,523,400	974,900	16,498,300	4,674,400	21,172,700
1974-75	18,401,100	1,020,000	19,421,100	4,834,400	24,255,500
1975-76	21,822,200	1,134,700	22,956,900	5,488,700	28,445,600
1976-77	24,481,300	1,191,000	25,672,300	6,775,800	32,448,100
1977-78	25,228,100	1,318,700	26,546,800	7,155,400	33,702,200
1978-79	27,761,400	1,286,500	29,047,900	6,194,600	35,242,500
1979-80	31,513,400	1,434,500	32,947,900	6,803,700	39,751,600
1980-81	37,333,500	1,619,300	38,952,800	8,684,700	47,637,500
1981-82	43,129,100	1,763,700	44,892,800	9,462,700	54,355,500

Note: Effective April 1, 1979 responsibility for payment of salaried physicians was transferred to the Department of Health.